LAPTOP RESERVATION FORM Montana Secretary of State's Office

Directions: Please print, fill out and sign a hard copy of this form, and submit to your supervisor. Supervisors: Please submit to IT Manager upon approval.

Name:	User ID:
Phone: l	Location:
Request for:	
[] Laptop [] Projector	
Requested Reservation Dates: From: _	To:
Supervisor's Name:	
Supervisor's Phone:	
Business Reason for Usage:	
I will be transporting this laptop to the follo	owing locations:
I have thoroughly read and understand th	e Laptop Loan Policy.
will not alter it in any way, including but no	perty of the Secretary of State's Office. And as such, I obt limited to, loading additional software, servicing the files, or exposing it to extremes in temperature.
	ed requirements may cause damage to this equipment. ed by the equipment while in my possession will be noted or.
I further acknowledge that my supervisor day scheduled.	may be notified if the equipment is not returned by the
Borrower Signature:	
Supervisor Signature:	
IT Unit Member Signature:	
Today's Date:	